

Kidney cysts and tumors MCQ Question Answer

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Question: 1. On histological examination of a resected renal tumor, the presence of multiple mitochondria observed on electron microscopy is diagnostic for:

- Option A. renal oncocytoma
- Option B. multiloculated cystic nephromas
- Option C. metanephric adenoma
- Option D. adenoma with clear cell

Question: 2. What is the most powerful single predictor of oncologic outcomes in RCC cases?

- Option A. margin status and grade
- Option B. tumor size
- Option C. tumor stage
- Option D. the time interval between the tumor emergence and excision

Question: 3. d. all of the above

- Option A. . What is the most common histologic subtype of renal sarcomas?
- Option B. rhabdomyosarcoma
- Option C. nephrosarcoma
- Option D. leiomyosarcoma

Question: 4. Which of the following conditions carries the worst prognosis?

- Option A. acquired cystic renal disease
- Option B. juvenile nephronophthisis
- Option C. medullary sponge kidney
- Option D. bilateral multicystic dysplastic kidney

Question: 5. What type of renal adenomas is a precursor to papillary RCC?

- Option A. adenoma with clear cell
- Option B. papillary adenoma
- Option C. metanephric adenoma
- Option D. none of the above

Question: 6. After radical nephrectomy, what is the 5-year survival rate for stage I RCC?

- Option A. 80%
- Option B. 85%
- Option C. 90%
- Option D. 95%

Question: 7. Which of the following renal tumors carries the best prognosis?

- Option A. fibrosarcoma
- Option B. leiomyosarcoma
- Option C. carcinoid
- Option D. adult Wilm's tumor

Question: 8. On ultrasonography, what are the percentages of incidentally discovered renal masses that will later be malignant on further workup?

- Option A. 70 - 85%
- Option B. 55 - 70%
- Option C. 40 - 55%
- Option D. 25 - 40%

Question: 9. What is false concerning renal oncocytoma?

- Option A. the central scar on CT or MRI, and the spoke-wheel pattern of vessels on angiograms are not specific to oncocytoma
- Option B. calcification, necrosis, and hemorrhage are rare in oncocytomas
- Option C. it is thought to arise from the basement membrane of proximal convoluted tubules
- Option D. treatment is partial nephrectomy or tumor excision

Question: 10. What can NOT be a manifestation of a renal tumor?

- Option A. right hydrocele
- Option B. left varicocele
- Option C. painless hematuria
- Option D. hypertension

Question: 11. d. prior to kidney transplant

- Option A. . What is an indication for radical nephrectomy?
- Option B. a 6-cm, polar tumor
- Option C. bilateral RCC
- Option D. locally advanced RCC

Question: 12. Fuhrmans grading system for renal cell carcinoma relies on:

- Option A. nuclear size, outline, and nucleoli
- Option B. cohesiveness and the degree of cellular atypia
- Option C. chromatin structure and content of the interphase nucleus
- Option D. multinucleation and mitosis

Question: 13. What is (are) the risk factor(s) for developing simple renal cysts?

- Option A. male gender
- Option B. hypertension
- Option C. renal insufficiency
- Option D. all of the above

Question: 14. What is the most common cause of genetic ESRD in children?

- Option A. autosomal recessive polycystic kidney disease
- Option B. autosomal dominant polycystic kidney disease
- Option C. multicystic dysplastic kidney disease
- Option D. juvenile nephronophthisis

Question: 15. What is the treatment of a 3-cm renal mass suggestive of RCC adjacent to a huge renal cyst?

- Option A. cyst aspiration and sclerosis
- Option B. partial nephrectomy
- Option C. endoscopic marsupialization and fulguration of the cyst
- Option D. administration of TKIs

Question: 16. d. melanoma

- Option A. . The second most common RCC subtype is:
- Option B. collecting duct b. clear cell
- Option C. papillary
- Option D. chromophobe

Question: 17. In renal mass(es), the main indication to take a renal biopsy is the suspicion of:

- Option A. papillary RCC
- Option B. renal metastases
- Option C. renal oncocytoma
- Option D. renal xanthogranuloma

Question: 18. In RCC cases where IVC involvement with tumor thrombi are suspected, venacavography:

- Option A. is the first and most reliable radiologic examination to study IVC thrombi
- Option B. is reserved for patients with equivocal MRI or CT findings
- Option C. is obsolete and has fallen out of use
- Option D. carries a risk of IVC terrible bleeding that outweighs the diagnostic merits

Question: 19. After radical nephrectomy for organ-confined RCC, what is (are) the recommended surveillance radiologic examination(s)?

- Option A. chest X-ray and abdominal ultrasonography every 3 months for the first year, and then annually for 3 years
- Option B. annual chest X-ray for 3 years
- Option C. abdominal and chest CT every 6 months for the first year, and then annually for 3 years
- Option D. no radiological examination required

Question: 20. d. neurosarcoma

- Option A. . What is false concerning targeted molecular therapy?
- Option B. is a personalized medical therapy devised to meet each persons individual needs for

cancer's specifications

Option C. treats cancer by interrupting unique molecular abnormalities that drive cancer growth

Option D. some cancer types have different molecular targets

Question: 21. d. hypertension

Option A. . Metastatic tumors to the kidney are common from all of the following organs, EXCEPT:

Option B. lungs

Option C. thyroid

Option D. breasts

Question: 22. Regarding simple renal cysts, fluid attenuation on non-contrast CT series is:

Option A. < - 10 HU

Option B. < - 20 HU

Option C. < 10 HU

Option D. < 20 HU

Question: 23. What is the likelihood that simple renal cysts increase in size and number over time?

Option A. never

Option B. unlikely

Option C. likely

Option D. always

Question: 24. d. CT can detect renal vein involvement in 82-95% of cases and vena caval involvement in 95-100% of cases

Option A. . In RCC, ipsilateral adrenal metastasis occurs in:

Option B. 0.3 - 2%

Option C. 2 - 10%

Option D. 11 - 18%

Question: 25. Antenatal sonography is the diagnostic tool for the following condition:

Option A. glomerulocystic kidney disease

Option B. developmental cystic renal disease

Option C. Juvenile nephronophthisis

Option D. medullary cystic kidney disease

Question: 26. Which of the following is NOT a risk factor for RCC?

Option A. type II DM, especially in males

Option B. hypertension

Option C. obesity, especially in females

Option D. cigarette smoking

Question: 27. What is false concerning metanephric adenoma?

Option A. radiographically, it is indistinguishable from RCC

Option B. has a female predominance

Option C. has a benign clinical course

Option D. has a peak incidence in the third decade of life

Question: 28. On histological examination of a resected renal tumor, positive staining for human melanoma black (HMB)-45 is a distinctive and diagnostic feature for:

Option A. multiloculated cystic nephromas

Option B. angiomyolipoma

Option C. metanephric adenoma

Option D. adenoma with clear cell

Question: 29. Which RCC subtype is most likely to benefit from targeted molecular therapy?

Option A. clear cell

Option B. chromophobe

Option C. papillary

Option D. renal medullary

Question: 30. What is false concerning renal malignancy?

Option A. RCC occurs in < 5% of patients with tuberous sclerosis

Option B. in glomerulocystic kidney disease, renal tumors are typically solitary, large, with central necrosis

Option C. in Von Hippel-Lindau syndrome, renal tumors are frequently bilateral and multicentric

Option D. in acquired cystic disease, tumors are commonly bilateral, and metastatic in 15% of cases

Answer Sheet

1	A	self-explanatory.
2	C	the single most important prognostic factor for RCC cases is tumor stage.
3	C	leiomyosarcoma accounts for 50% to 60% of the histologic subtype of renal sarcomas.
4	D	bilateral MCDK is incompatible with life.
5	B	papillary adenoma is a premalignant neoplasm that progresses to papillary RCC.
6	D	tumors confined to the kidney are associated with excellent prognosis.
7	C	self-explanatory.
8	A	self-explanatory.
9	C	is thought to arise from the intercalated cells of collecting ducts.
10	A	hydrocele has no proven clinical connection to renal tumors.
11	C	a,b,d cases should undergo nephron-sparing surgery or partial nephrectomy.
12	A	Fuhrmans classification system relies on nuclear grading.

13	D	risk factors for developing simple renal cysts include age, male gender, hypertension, and renal insufficiency.
14	D	self-explanatory.
15	B	solitary renal tumors smaller than 4 cm are worth partial nephrectomy.
16	C	clear cell: 70% to 80%; papillary: 10% to 15%; chromophobe: 3% to 5%; collecting duct: less than 1%; and medullary: rare.
17	B	renal mets, infected renal cyst, lymphoma, abscess are the indications to perform renal biopsies.
18	B	self-explanatory.
19	B	for low risk (pT1-N0-M0) cases, annual CXR for 3 years is recommended.
20	D	all of the indicated statements are true. None is false.
21	B	common organs send tumor secondaries are: lungs, breasts, gastrointestinal tract, melanoma, or hematologic.
22	D	self-explanatory.
23	D	self-explanatory.
24	B	self-explanatory.
25	B	as early as 15 weeks of intra uterine life, ultrasonography demonstrates multiple variably sized, non-communicating renal cysts outlined by hyperechoic intervening renal parenchyma. Typically, ureters and renal pelvises are not visualized.
26	A	DM has no proven link to RCC development.
27	D	the peak incidence is in the fifth decade of life.
28	B	angiomyolipoma will stain positive for HMB-45 in most cases.
29	A	targeted molecular therapies like TKIs, chiefly target VEGF. Therefore, the pathways that are typically upregulated are in clear cell variety of RCC.
30	B	GCKD is a rare disease that doesn't cause solitary, large renal tumors, with central necrosis.